



## Houston Department of Health and Human Services

### INSTRUCTIONS AMBULANCE DRIVER'S PERMIT APPLICATION

#### 1.0 Requirements – Applicant must

- 1.1 **Be 18 years of age or older.**
- 1.2 **Submit a photocopy of his/her Texas Driver's License.**
- 1.3 **Submit a photocopy of a valid Texas Emergency Medical Technician Certificate.**
- 1.4 **Have the application notarized.** Note: The City of Houston EMS Program does not provide notarization.
- 1.5 **Submit a non-refundable \$20.00 processing fee** with the application, payable to the CITY OF HOUSTON only by Company Check (with pre-printed company name, address and telephone number), Cashier's Check or Money Order. Cash will not be accepted and permits will not be processed or issued without payment of fee.

#### 2.0 Application Processing Procedures

- 2.1 Applications will be processed when the following documents are received:
  - **The completed Notarized application**
  - **Photocopy of your Texas Driver's License**
  - **Photocopy of your valid Texas Emergency Medical Technician card**
  - **A \$20.00 processing fee (see 1.5 requirements above.)**
- 2.2 No application over thirty (30) days old will be accepted for processing.
- 2.3 Only complete and notarized applications will be processed.
- 2.4 Submission of the application
  - 2.3.1 Applying in person – Submit the above documents at the office of the EMS Program between the hours of 8:00 am and 4:00 pm, Monday through Friday.
  - 2.3.2 Applying by mail – Mail the above documents to the address at the bottom of this form.
- 2.5 Please allow three (3) weeks from the date your completed application is received at the EMS Program Office for processing.
- 2.6 The EMS Program will notify you or your employer upon approval or disapproval of your permit application. If after 4 weeks you have not been notified, you may call (713) 640- 4370 and inquire as to the status of the application.
- 2.7 If your application is approved, the permit will be mailed to your home address (the address provided in your application). If the permit is not approved, a letter explaining the reason(s) will be mailed to that same address.

#### 3.0 Permit Requirements

- 3.1 The Ambulance Driver's Permit shall be valid for two years.
- 3.2 **NO GRACE PERIOD WILL BE GIVEN FOR EXPIRED PERMITS. Application must be submitted at least three (3) weeks before the expiration date of a Driver's Permit.**
- 3.3 Applicants must be in physical possession of a City of Houston Ambulance Driver's Permit before he/she can transport a patient in Houston.

These instructions and the Ambulance Driver Permit Application are also available at the web address:  
<http://www.houstontx.gov/health/EMS/index.html>

Houston Department of Health and Human Services  
EMS Program  
7411 Park Place Blvd., Suite 200  
Houston, TX 77087  
713-640-4370



# AMBULANCE DRIVER'S PERMIT APPLICATION

City of Houston  
Department of Health and Human Services

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Received: \_\_\_\_\_ Paid: \_\_\_\_\_

## IMPORTANT NOTICE

All questions in this application must be answered completely. Providing false information constitutes perjury and will cause the permit to be denied, or if granted, revoked. Processing fee is not refundable.

*Print clearly.*

FULL NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ TX. D.L. NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ / \_\_\_\_\_ (Daytime) \_\_\_\_\_ / \_\_\_\_\_

1. For what company do you work or intend to work? \_\_\_\_\_

Company telephone \_\_\_\_\_ / \_\_\_\_\_

2. Have you ever been denied an Ambulance Driver's Permit? Yes ☐ No ☐

If "Yes", when, where and why? \_\_\_\_\_

3. Have you ever had your Ambulance Driver's Permit suspended or revoked? Yes ☐ No ☐

If "Yes", when, where and why? \_\_\_\_\_

In consideration of the granting of the permit hereby applied for, the applicant agrees that service of all papers, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Houston, or any Department thereof, wherein the person to whom the permit is named, may be issued by leaving a copy of any such paper, notice, letter, summons, complaint, or legal process or any member of his family or other persons with whom he/she may reside. It is further agreed by the applicant that he/she will conform to all rules and regulations of Houston Department of Health and Human Services, governing ambulance drivers.

## A F F I D A V I T

State of Texas \_\_\_\_\_ §

County of Harris \_\_\_\_\_ §

\_\_\_\_\_, being duly sworn, on his/her oath deposes and says that he/she is the individual making the foregoing application for an Ambulance Driver's Permit; and, that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, State of Texas  
My Commission Expires: \_\_\_\_\_

Signature of Applicant